


Hospital Advisory Workgroup

(HAG)Meeting Minutes for August 20, 1998

Introductions: Tom Neltner opened the Hospital Advisory Workgroup meeting by asking each participant to introduce themselves and state the hospital or group they are representing.

Discussion Topics

Memorandum of Understanding (MOU) agreement reached between EPA and American Hospital Association (AHA): Spencer Grover, Indiana Hospital and Health Association announced the AHA and EPA has entered into memorandum of understanding that commits both parties to work together to significantly cut hospital wastes by the year 2005. The agreement envisions the virtual elimination of mercury-containing waste and a one-third reduction in total hospital wastes within this 7 year period. The EPA and AHA intend to cosponsor a series of national waste management seminars for hospitals. To help successfully complete the seminars and virtually eliminate mercury-containing waste, EPA will distribute as many as 300 copies of a software program called "Mercury in Medical Facilities," developed with EPA assistance by Purdue University. This software file name is *Mercury.exe* and can be downloaded from Purdue University's web site at:  <ftp://ingis.acn.purdue.edu/pub/incoming/epasoftware/html/>.

Included in Attachment A are copies of the MOU, news releases pertaining to this historic agreement and a letter from Christine Urban at the EPA Region V office encouraging members of the Indiana Hospital Advisory Workgroup to actively work toward achieving these landmark voluntary goals.

Mercury Reduction and Recycling Efforts:

Regional Household Hazardous Waste Task Force: Stephanie Biehn from the Task Force gave a short presentation on Indiana's Statewide Mercury Awareness Program (MAP).

Under MAP, solid waste districts, communities and IDEM will be working together to reduce mercury contamination in waste water and solid waste. MAP's goals are:

- to establish collection locations for mercury and mercury-containing devices from households in every county of the State by October of 1998, and;
- to educate the public as to the dangers of improper use and disposal of mercury.

As part of MAP, the Task Force will be sponsoring a mercury thermometer recycling and exchange program. Individual will be offered a discount coupon for a new digital mercury-free thermometer when they bring in their mercury thermometer for recycling. Stephanie extended an offer to all Indiana hospital to become actively involved in Indiana's Statewide Mercury Awareness Program. Spencer Grover, IHA, indicated that involvement in this program would also satisfy community service requirement for not-


for-profit hospitals certification. Hospitals interested in working with the Task Force to become a mercury thermometer collection site or to a source for the purchase of digital thermometers at a discounted price should contact, Stephanie Biehn at (812) 349-2115 for additional information.

Hospital Mercury Survey: John Lovelace distributed to the workgroup copies of mercury survey check list that can be used by medical facilities to identify and evaluate sources of mercury pollution within hospital facility. Draft copies of the hospital pledge to develop and implement a plan utilizing pollution prevention, recycling and good management practices to virtually eliminate the use and emission of Mercury at their hospital facility was also distributed for comment. The HAG Members were asked to review the hospital pledge with hospital management to determine if their facility would commit to becoming virtually mercury-free by the year 2005. (See attachment B for copies of hospital mercury survey and hospital pledge)

Update on Elimination of Dual Regulation of Infectious Waste: Bob Snodgrass provide update on 329 IAC 11 amendments and plans to eliminate dual regulation (IDEM & ISDH) pertaining to the storage and disposal of untreated infectious waste. Infectious waste regulated by the Indiana State Department of Health will not be regulated by IDEM provided storage and treatment is not part of a commercial service (money must be exchanged). Several hospital expressed concern that they would no longer be able to accept infectious waste from schools, fire departments and other organizations generating infectious waste as part of a community service project. John Braeckel, ISDH, and Bob Snodgrass, OSHWM unanimously agreed that documented acceptance and treatment of infectious waste generated by community service projects or organization would not be perceived to be a violation provide the hospital did not charge a fee to process, treat or dispose of the infectious waste.

(Good news!! Bob recently obtained signatures for OSHWM guidance letters pertaining to "Acceptance of Effectively Treated Infectious Waste" and "Collection and Storage of Infectious Waste at Health Care Facilities".) **These letters are a "must read" if you are responsible for managing Infectious waste at your facility** (See Attachment C)

Department of Transportation Requirements for the Transportation of Infectious waste by Hospitals Staff: Sgt. Michael Templeton from the Motor Carrier Division of the Indiana State Police discuss transportation of infectious waste from affiliated facilities (doctor and dental offices, surgical centers) to a centralize collection area. Many hospital had expressed concern that the new DOT regulation HM-200 would require hospitals to comply with more stringent regulation for "in commerce" transportation of regulated medical waste. Sgt. Templeton explained hospitals transporting infectious waste from affiliated facilities are not required to placard their vehicles or use drivers with HazMat license certification. The infectious waste does need to properly package, label and manifested. Infectious waste manifesting documents the generation, transportation, treatment and ultimate disposal. (DOT rules pertaining to packaging and labeling of infectious waste, ISDH requirements pertaining to infectious waste manifesting, and an example infectious waste manifest are found in Attachment C)

Silver Recovery from Hospital Diagnostic X-ray Film Processors: Jim Hogenson from Kodak Environmental Services gave a short presentation on the implementation of efficient silver recovery from X-ray film processors. Jim explained many states within the great lake basin are in the process of reviewing and implementing new water quality standards to lower the discharge limit for many toxic and bio-accumulative chemicals. Silver, a toxic compound in its ionic form, has been targeted for a twenty fold reduction (10 to 0.55 ppb). Kodak, as well as other companies in the silver related industry, the Silver Council and the Association of Metropolitan Sewerage Agencies have developed a Code of Management Practice for Silver Dischargers. This Code of Management Practices provides a cleaner, cheaper and smarter means of promoting environmental performance by enhancing the recovery of silver by processors of photographic materials. It gives industry a framework for developing both cost-effective and sound environmental management systems, starting with pollution prevention. Additional information about this outreach program and downloadable copies of the Code of Management Practice, "Guide for Diagnostic and Industrial X-ray Film Processors" can be found on the Silver Council's web site at:  www.silvercouncil.org. Hard copies can be obtained by contacting Jim Hogenson at (888) 547-9518. (A copy of the overheads used in Jim's presentation can be found in Attachment E)

Need to Reduce Heavy Metal Emission: A Pretreatment Facility Perspective: Garry Pugh from the Columbus City Utilities gave a short presentation, from his perspective as a pretreatment coordinator, on the need to voluntarily reduce toxic heavy metal pollutants in wastewater discharged to the sanitary sewer. (i.e. mercury, silver, copper, and molybdenum in cooling water blow down discharges). Garry was late in arriving to speak with the work group because he was meeting with the Columbus city board to explain why the city would need to spend of a **quarter of a million** dollars to properly disposal of molybdenum in contaminated sewerage sludge generated by their POTW. Recently revision to 40 CFR part 503 "Standards for the Use and Disposal of Sewage Sludge" have established reduced heavy metal pollutant ceiling concentration levels for sewerage sludge to qualify for disposal in land application program. In addition, IDEM is also conducting the triennial review of the Water Quality Standards used by the State to establish lower POTW's emission limits for their National Pollutant Discharge Elimination System (NPDES) permits.

Management Practices for Antineoplastic Drug Disposal: Reggie Wills, Medical Waste Division of Browning Ferris Industries (BFI) discuss best management practices for the proper disposal waste antineoplastic and other hazardous drugs. Reggie explained:

- Chemotherapy waste (glove, gauze, gowns, IV bags, tubing, syringes, empty (<3 % w/w) antineoplastic drug vial, and containerized needles) contaminated with trace amounts of antineoplastic drugs are considered to be medical waste acceptable for disposal at BFI.
- All chemotherapy waste must be segregated and clearly labeled as chemotherapy waste. BFI implements special handling procedures for chemotherapy waste

because of the drugs' toxicity and the potential for employee exposure during waste handling activities.

- Waste antineoplastic drugs in bulk quantity are pharmaceutical waste not acceptable at BFI medical waste processing and treatment facilities. Some antineoplastic drugs are EPA listed hazardous waste and must be disposed of as a RCRA hazardous waste. (Listing of antineoplastic see attachment F)

Agenda Items for the Next Quarterly Meeting of the Hospital Advisory Workgroup (HAG)

All HAG members are encourage to submit agenda topics for discussion. All agenda items should be faxed to John Lovelace, OPPTA, at (317) 233-5627 at least 10 working days prior to the schedule HAG meeting time. *(Prior notification of discussion topics will ensure the proper Indiana Department of Environmental Management (IDEM) /State Fire Marshal Office/ Indiana State Department of Health (ISDH) personnel will be able to research your specific environmental compliance issues.)*

Tentative HAG Meeting Agenda for November 17, 1998

Indiana Department of Fire & Building Services: Mike Bigler, Chief Deputy State Fire Marshal, has requested "Managing Hazardous Materials Incidents" be placed upon the HAG agenda for November 17th. The Office of the State Fire Marshal, Indiana Emergency Medical Services and the Public Safety Training Institute have formed a partnership to help the Emergency Medical Services and the Hospital Emergency Rooms to be better prepared for a Hazardous Materials Incident. The program offers detailed information about developing a systems approach for community-wide emergency preparedness plans. **This program is a valuable tool to ensure that your hospital facility is meeting JCAHO Accreditation Standards outlined in PL.1.11.**

The Indiana Fire Marshal Office will make available Loaner sets of this program to your hospital or emergency room at **no cost**. Program materials may be reproduced for use at your hospital and emergency management services. Program materials include a video entitled, "Community Challenge: Hazardous Materials Response and the Emergency Medical System". Loaner sets can be obtained by calling the State Fire Marshal's Office at (800) 423-0765.

NEXT QUARTERLY HOSPITAL ADVISORY WORKGROUP MEETING:

1-3:30 p.m., Tuesday, November 17, 1998
Indiana Government Center, South
Training Center, Room # 6
402 W. Washington Street, Indianapolis
Call Linda Gonzalez for more details: (800) 988-7901 ext. 3-5434.